

## **EXHIBIT A**

In re: W.R. GRACE & CO., et al  
**OMNIBUS 24: EXHIBIT A - NO LIABILITY CLAIMS**

Creditor Name / Address	Case Number	Claim Number	Total Claim Dollars*	Claim Class**	Reason For Proposed Disallowance
1 KNOX COUNTY TRUSTEE PO BOX 70 KNOXVILLE, TN 37901	01-01140	617	\$4,604.28	(P)	NO LIABILITY. PAID IN FULL IN 2004 BY A THIRD PARTY PER STIPULATION AT DOCKET #5760
		<b>Totals:</b>	<b>\$4,604.28</b>	<b>(P)</b>	

\*Plus, in certain instances, additional contingencies, unliquidated amounts, interest, penalties and/or fees.

The classification of the claims set forth herein is the classification asserted on the filed proof of claim. The Debtors include such classification for the purpose of identifying the claim to which the objection applies. The inclusion of the classification shall not constitute an acknowledgement by the Debtors that such classification is correct or appropriate.

\*\*(A) - Administrative  
(P) - Priority  
(S) - Secured  
(U) - Unsecured